

**MULTIPLE DEPENDENT CLAIM
FEEDBACK CIRCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL

10-559740

FILING DATE

APPLICANT(S)

CLAIMS

BEST AVAILABLE COPY

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	16					
TOTAL CLAIMS	17					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL DEP.						
TOTAL CLAIMS						